

KING COUNTY ALCOHOLISM AND SUBSTANCE ABUSE

ADMINISTRATIVE BOARD

SPECIAL PLANNING MEETING

MONDAY, APRIL 30, 2001

4:30-8:45 PM

Members Present: Linda Brown, Joan Clement, Nancy Code, Jim Harbaugh, Joyce Proudlock, Bob Seidensticker, Yasmin Smith, Keith Williams

Members Absent: None

Staff Attending: Geoff Miller, Rhoda Naguit

The special Biennial Planning meeting of the King County Alcoholism and Substance Abuse Administrative Board (KCASAAB) was convened at Dutch Shisler Sobering Center, 1930 Boren Avenue, Seattle at 4:50 p.m.

Geoff walked the board through the plan before review of the document to give them a full understanding of the biennial planning process.

Highlights of the meeting discussions:

- **Residential treatment for Medicaid and working poor:** Joan noted the absence of a statement in the document that says, “we will maintain funding for CHAT clients on Medicaid.” Geoff talked about CHAT proviso, which is part of the Operational Master Plan (OMP), developed by the Division for services to clients with chronic and co-occurring disorders. The proviso seeks to find a way to make CHAT less budget negative if not self-sufficient. The OMP was submitted to the King County Executive. Linda inquired what this OMP would mean to CHAT services. Geoff responded that the proviso contains requests for additional revenue and a different bed mix to keep the facility operational. He then proceeded to give a realistic overview of CHAT’s budget and its present predicament due to high cost of maintenance of the facility, among others. Joan expressed concern that some people with alcohol and substance abuse problem resort to commit crime to be admitted at CHAT because that is the only way for them to get treatment. Geoff brought up the latest two RFPs available to King County, which will provide funding for services under the criminal justice system. One is TASC (Treatment Accountability for Safer Communities). TASC formerly stands for Treatment Alternative to Street Crime. King County concession composed of the current TASC and KCMHA, will be co-applicants for this RFP. The second RFP is a State DOC. The proposal will fund treatment for inmates prior to their release from prison. Linda asked if these RFPs would provide additional funding for new programs. Geoff responded in the affirmative; it would create an FTE position. Joan inquired if the Division is looking at MIO as a model or integration. Geoff said “both”. Linda suggested

that the statement in the plan to express support for additional funding for residential treatment for Medicaid and working poor should not be tied in with CHAT, but should focus on supporting the same level of service capacity for residential treatment such as CHAT. Joan expressed the need to have other options for ADATSA without going through the criminal justice.

- **Treatment Outcome:** The board will back up the use of 45-question ASI as treatment outcome tool. On pages 5 and 10 of the document it was suggested that we should look at getting someone to do an independent follow-up of outcome evaluation at a minimal amount. Linda recommended adding system outcome to client outcome to accurately measure the effectiveness of services, create and formulate a standardized system outcome to include wait time, percentage of bed utilization, personnel turnover, agency retention rate for agencies to use, and efficient use of funding. Joan suggested that we should look at one particular problematic system instead of a broad approach. Linda thought the timeframe set for the completion of the treatment outcome might be too ambitious or unrealistic.

In determining what works in actual practice, we need to ask the question “how do we help agencies change?” One way is to give appropriate training such as competency training for clinicians. Geoff is coordinating with Mike Towey and Chuck Anderson in organizing this kind of training.

Considering the importance of treatment outcome, we need to do a treatment outcome initiative.

- **Criminal Justice:** This should not be considered a separate treatment system. Yasmin reiterated the cost-effectiveness of treatment vs. incarceration.
- **Youth services:** Nancy and Joyce noted that youth service was only mentioned in the plan under Priority Population and Criminal Justice. Geoff stated that youth funding is underspent. The board would like to know why funding for youth treatment is not fully utilized. There is no firm reason why youth agencies are not able to spend the funding when there are so many needy youth. Possible reasons include personnel issues and a problematic system. In 1999, the allocation for youth services was as follows: 10% for outreach, 60% for treatment, and 30% for case management, thus the underutilization of case management. This year, the youth funding will be tweaked again. Currently, there are some services rendered by youth agencies that are not reimbursable. For example, we do not pay for case findings under case management. The Division staff will work with youth agencies to determine and identify what treatment works for youth. Geoff said there would be no major shift on funding allocation for youth. The overall allocation for youth is 10%. The Division will push youth agencies to do more Title XIX, provide sufficient case management and outreach. It will also look at best practices around treatment and compensate the agencies

accordingly. We should consider competency of staff and administrators. There is also a need to include family in treatment


- **Integrated Services:** Linda inquired if there is any new funding available for the pilot study. The answer is “no”. The money currently being used is a \$275,000 funding from SSI. Geoff is looking into getting money above current funding. There is an available funding of \$1M to \$5M next biennium for people on SSI. This money came out of the Title XIX match. Linda wanted to know if this pilot study would serve a different population. The answer was “no”. Will it cost more? Yes, but the Division hopes to receive additional funding to be used for Title XIX for a more focused service. What if the Division do not get additional funding for this program? The pilot program will not be implemented. Linda, therefore, suggested adding a statement “if additional funding is available” on page 39 regarding pilot study.
- **Methadone Services:** ETS is submitting a grant proposal for a second mobile methadone unit. The funds for the 300 slots of methadone are derived from Title XIX. The State methadone adds a match of \$600,000 for methadone. On the needle exchange use, 600 people expressed desire to have methadone treatment.

Geoff will re-draft the Executive Summary for May 10th board meeting and will have a rough estimate dollar figure.

Prepared by:

Attested by:

Rhoda A. Naguit
Recording Secretary


Jim Harbaugh
Board Chairman